

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27595

Do not use this space.

791

1008

Registered No. 7609

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Homer Phillips St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 60 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- Lula Freeman
 (a) Residence, No. 1458a Frances St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

13. NAME Josiah Wallace

14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

15. MAIDEN NAME Emma Madison

16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 8-28 1938

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home
 (ADDRESS) 2820 Stoddard St

20. FILED 19 38 J.P. Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1938, to Aug. 24 1938

I last saw her alive on Aug. 24 1938. Death is said

to have occurred on the date stated above, at 2:40 Pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomachDate of onset 8/9/38

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 1
 If so, specify

(Signed) A. J. Lynn M. D.
 (Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Lonnie Boykin

or by myself

Registered Apprentice No. _____, working under my personal supervision.

Signed

Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.